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ABSTRACT

This report contains materials developed by a committee appointed to review school nursing in Wisconsin; to make recommendations directed at the future mission, objectives, and functions of school nursing; and to address the relationship of school nursing certification to these recommendations. Recommendations made to the Wisconsin Department of Public Instruction address certification standards for the practice of nursing in the school setting and the structure of health services, as well as needed legislation and appropriation of resources. An overview is provided of the needs in school health. Statements of the mission of school health and the objectives and functions of school nursing follow. An overview provides a general outline of the issues that need to be addressed in a plan to meet basic school health service needs and exemplary school health services. An outline is also presented of services needed to meet the health needs of school-age children and youth. Appendixes, amounting to approximately one-half of the report, include an outline of school health issues in Wisconsin, statutory references and certification requirements relating to school nursing, and Federal regulations relating to school health services. (YLB)

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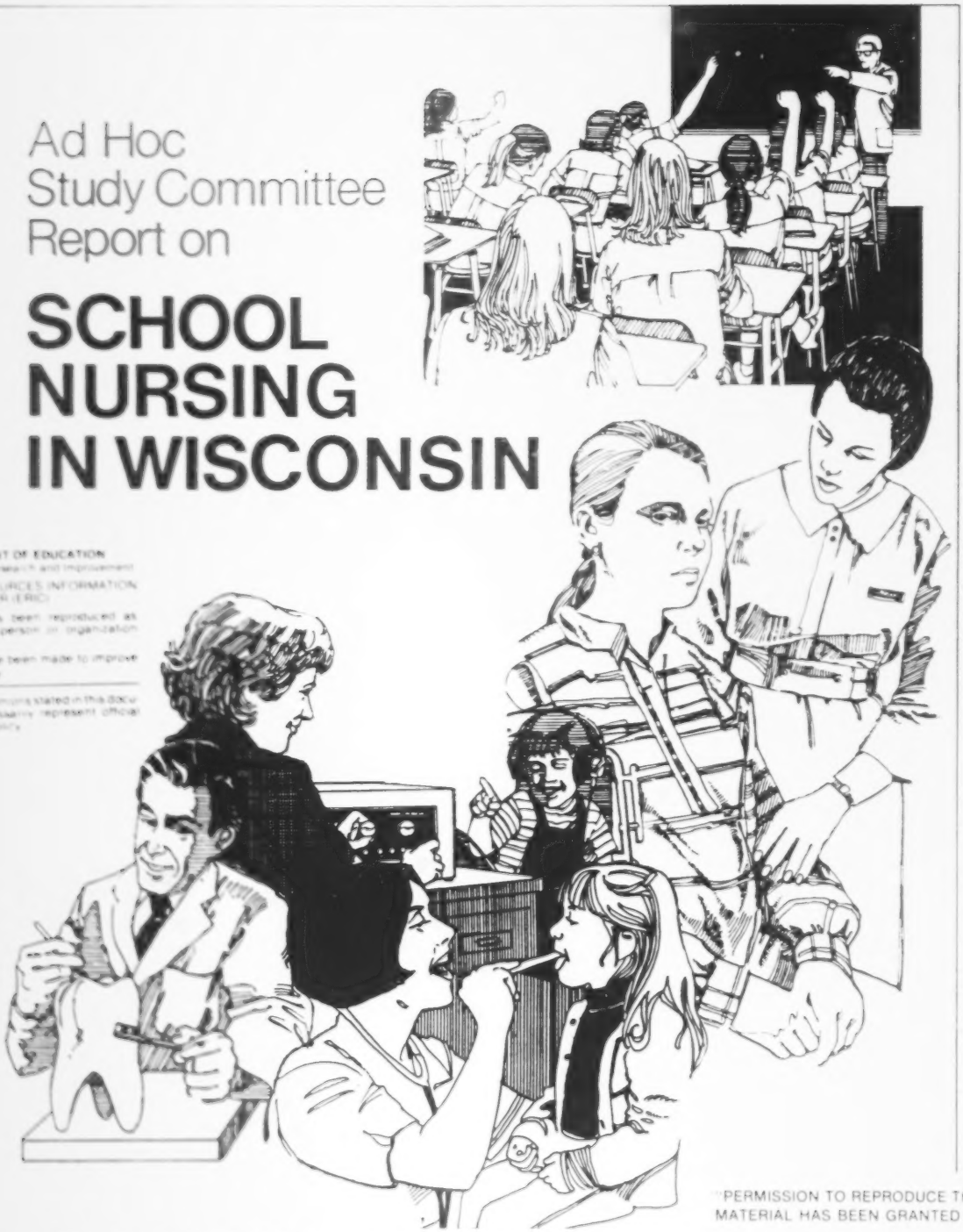
Ad Hoc
Study Committee
Report on

SCHOOL NURSING IN WISCONSIN



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WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
HERBERT J. GROVER, STATE SUPERINTENDENT

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SCHOOL NURSING IN WISCONSIN:

A REPORT OF THE

AD HOC SCHOOL NURSING STUDY COMMITTEE

TO THE

DEPARTMENT OF PUBLIC INSTRUCTION

Wisconsin Department of Public Instruction
Herbert J. Grover, State Superintendent
125 South Webster Street, Post Office Box 7841
Madison, WI 53707-7841

1986

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December 1985

Herbert J. Grover
State Superintendent
Department of Public Instruction
125 South Webster Street
Madison, WI 53707

Dear Dr. Grover:

RE: Ad Hoc School Nursing Study Committee Report

We are pleased to transmit to you the Report of the Ad Hoc School Nursing Study Committee. Since the appointment of this committee by Victor J. Contrucci in March 1984, the committee has held several working meetings to review the present status of school nursing in Wisconsin; to make recommendations directed at the future mission, objectives, and functions of school nursing in Wisconsin schools; and to address the relationship of school nursing certification to these recommendations. This study was the result of your department's concern for the future of nursing services in schools and the requests that you have received from nursing groups, school of nursing faculty members, and individual nurses for the study and upgrading of certification standards for school nurses.

Beginning from a position of state interest in the provision of equitable, quality health services to all children, the study committee report contains action recommendations which we believe could correct the fragmented, diverse, and poorly coordinated nursing services among the school districts in this state. We have addressed certification standards for the practice of nursing in the school setting and the structure of health services, as well as needed legislation and appropriation of resources.

The extent and quality of the work of this Ad Hoc School Nursing Study Committee was possible only because of the judgment exerted in the selection of committed, informed, and representative committee members. We believe that the state has been well served in this process.

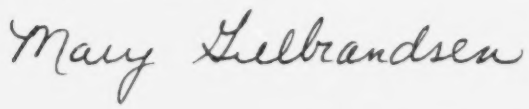
We were honored to be asked to co-facilitate this significant School Nursing Study Committee and want to thank you for the opportunity. We believe that all of the members of this committee will be glad to be of continuing help in the strengthening of health services for Wisconsin's school population.

Sincerely,

AD HOC SCHOOL NURSING STUDY COMMITTEE

Joy Calkin

Mary Gulbrandsen



cc: Victor J. Contrucci, Assistant Superintendent
Division for Handicapped Children and Pupil Services

PREFACE

The committee wishes to express the overall intent within which the content of this report should be read. First, the critical focus of pupil support services to the learning process occurring in public schools is on preventing, limiting, or removing physiological and psychosocial barriers to the learning of children and youth. Second, the complexity of knowledge required to accomplish these goals extends beyond the technological boundaries of any single professional group. Third, accomplishing these goals requires that multiple professionals with their various disciplinary knowledge bases work both together and separately. Fourth, a structure - such as pupil services teams working with professional teachers - is necessary to identify, limit, or eliminate barriers to learning. Finally, certified professional school nurses are an important part of such a structure because of their central focus on the identification and treatment of human responses to actual or potential health problems which may interfere with the learning of children and youth.

THE COMMITTEE CHARGE

In February 1984, State Superintendent of Public Instruction Herbert J. Grover directed Victor J. Contrucci, assistant superintendent and administrator of the Division for Handicapped Children and Pupil Services, to appoint a School Nursing Study Committee to present recommendations directed at the future mission, objectives, and functions of school nursing in Wisconsin and the relationship of school nursing certification to such recommendations. The department commissioned the study after receiving numerous requests from nursing and school health organizations, nursing school faculty members, and individual nurses. The Ad Hoc School Nursing Study Committee was formed to develop a unified statement on what school nursing is and how it relates to school health programming in Wisconsin schools.

Specific charges to the committee were to make recommendations for*

- the future mission, objectives, and functions of school nursing.
- the relationship of school nursing certification to the provision of school nursing services.
- the relationship of school nursing to school health services.
- the range of options for the delivery of school health services.
- baseline criteria for the provision of school health services.
- steps to follow leading to the provision of exemplary school health services.

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*See Appendix A, pages 23-24, for the letter of charge.

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*An index to committee member titles appears in Appendix F, p. 35.

RECOMMENDATIONS FROM THE SCHOOL NURSING STUDY COMMITTEE TO THE WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

There is great disparity among the nursing and health services now provided in Wisconsin's elementary and secondary schools. Current Department of Public Instruction certification standards for the professional school nurse are not mandated as they are for other professionals who practice in the public schools. Therefore, the Ad Hoc School Nursing Study Committee offers the following recommendations to the Department of Public Instruction:

1. That legislated mandates be enacted for the provision of DPI-certified school nurse services to assure that the school-related health needs of all Wisconsin pupils are attended to during each school day.

2. That legislated mandates be enacted for the allocation of resources to assure that adequate health services managed by certified school nurses are funded for all school districts in Wisconsin.

3. That planning for the provision of school nurses and health services be done cooperatively with students, parents, school district staff, community health service providers, and local physicians and be based on the following documented school health needs:

   - o demographics of the total student population
   - o number, availability, and use of primary health care resources including hospitals, public and private clinics, and public health services
   - o pupils at risk for health problems including, but not limited to, the number of students with chronic illnesses, students with physical handicaps, students in special education, school-age parents, health-related absenteeism, and the number of low-income families

4. That the school nurse be a functioning member of the professional pupil services team in the school organizational structure.

5. That the Department of Public Instruction develop information on the qualifications for school nurses and for a variety of school health service delivery models and disseminate them to local school boards, school administrators, health departments, and Wisconsin collegiate schools of nursing.

6. That the school setting be recognized as one of the primary sites for support and collaboration with parents in the early identification of health problems and for interventions to meet the school health needs of all school-age children and youth.

7. That Section 120.13 (11), Wis. Stats., be revised or repealed to promote a collaborative relationship between school health personnel and local health departments.

8. That the DPI support the appointment of experienced school nurses with master's degrees to school health service leadership positions at the district, cooperative educational service agency, and state department levels.

9. That the DPI collaborate with the Wisconsin Department of Health and Social Services, Division of Health, in carrying out committee recommendations related to the organizational system or systems, certification, accountability measures, and allocation of resources to provide necessary school health services in Wisconsin.

10. That a revision of the school standard, Section 121.02 (1)(g), Wis. Stats., provide for school nurse services and that the provision of emergency services be included in the standard for the provision of a safe and healthful facility.

11. That a DPI School Nurse Advisory Committee be appointed and funded to assist in accomplishing these recommendations and, specifically, to assist in the process of obtaining mandatory school nurse certification.

For further information see the following sections of this publication:

"Options for Delivery of School Health Services in Wisconsin: An Overview," pages 15-16.

"School Health Issues in Wisconsin," Appendix C, page 27.

"Questions to be Addressed by the School Nurse Certification Advisory Committee," Appendix D, page 31.

"We Believe Statements," Appendix E, page 33.

THE NEEDS IN SCHOOL HEALTH: AN OVERVIEW

Public schools today are responding to the needs of children in new ways as changes occur in family, church, community, and national values. There is a growing sentiment among parents, educators, and health professionals that school health services need to go beyond the basics of first aid, vision and hearing screening, and control of communicable diseases. New dimensions of school health services need to include the provision for assisting students in making informed decisions about their own health, the provision for programs and models that will promote the practice of positive health behaviors, and the provision for care of the severely multiply handicapped.

In planning to meet current and future health needs of Wisconsin's school-age population, it is important to consider some significant trends and events that influence demands, options, and opportunities for stronger and more involved school health services.

Changes in Families

Changes in family structure have made a definite impact on the ability of the child to use the educational opportunities available. Family disorganization due to violence, abuse, divorce, alcohol, and other drug abuse has increased.

The Surgeon General reported in 1977 that 18 percent of all children were living in families headed by single parents.[1] The U.S. Census Bureau estimates that by the year 2000, 50 percent of all children under the age of 18 will have spent some time in a single-parent household.[2] It is expected that by 1990 at least 45 percent of children under age 6 will have parents who both work. Since children receive health care primarily based on the actions of their parents, hours at work can make it more difficult for parents to access medical care for their children. Many youngsters are unsupervised after school and thus more vulnerable to injuries and other health risks.[3]

Changes in School Population

Many children now in school have very involved health needs that require both complex nursing care in the school setting and a need to monitor a variety of involved physiological functions during the school day. Public Law 94-142 requires a free, appropriate public education for all handicapped children. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of mental or physical handicap.

Dramatic medical advances during the past four decades mean that many children who would have died of their chronic illnesses now survive to young adulthood. About 10-15 percent of the childhood population has a chronic illness; about 1-2 percent of all children have severe chronic illnesses. Studies support the fact that underachievement and poor scholastic performance because of prolonged absences, limited alertness or stamina, psychological maladjustment, and the disorienting effects of medication are major problems for chronically ill children.[4]

A Robert Wood Johnson 1983 study of children with special needs in Milwaukee Public Schools showed that approximately one-third of the teachers did not have an adequate explanation of children's medical condition or the effects of medications the children were receiving. These teachers also had inadequate knowledge of community resources available to handicapped children. Both school and health department personnel involved in this study felt that nurses serving the public schools could play a larger role in case advocacy, case management, and related services, especially if appropriate education and orientation programs were provided.[5]

Changes in the Low-Income Population

Children in low-income families are more likely to be in poor health, lose more school days due to chronic health problems, be hospitalized, and remain in the hospital longer than high-income children.[6] More than 50 percent of the children living only with their mothers are living below the poverty level.[7] High unemployment and inflation have also had a major impact on the numbers of the poor in this country. A 1978-79 General Mills survey reported that 48 percent of American family members have cut back in one or more health-related items such as the quality of their diets and regular checkups with doctors and dentists.[8]

Changes in Children's Health Needs

More school-age children now die of accidents than of diseases. Between 1960 and 1977, the death rate among 15- to 19-year-olds increased by 10 percent. Alcohol-related accidents are the leading cause of death for this age group followed by homicides and suicides.[9] In 1982, 70 suicides were reported for the Wisconsin 15- to 19-year-old age group.[10] For every suicide by a young person, there are an estimated 50 to 150 attempts.[11]

In 1979, the Surgeon General reported that one-fourth of all American teenage girls have had at least one pregnancy by age 19.[12] In Wisconsin during 1982, 1,084 live births were reported for females under the age of 16.[13] Panzarine's study, "Motivated Adolescent Pregnancies," demonstrated the following human responses that impact on these statistics: depression, loneliness, anger, attention seeking, and pressure from peers as well as sibling modeling.[14] For sexually transmitted diseases, 75 percent of those reported in the U.S. for 1979 were in the 15- to 24-year-old age group.[15]

In 1982, 1,754 Wisconsin children were abused or neglected; nine of these children died. For the year 1981 alone, the reports of child sexual abuse in Wisconsin increased 21 percent. Experts feel that a great majority of these cases go unreported or cannot be substantiated.[16]

The National Select Panel Report of 1978 cited that of the 1 million emotionally disturbed, noninstitutionalized children ages 15-17 only about 30 percent were receiving any services.[17]

In addition, there are traditional health problems which continue to be program priorities. At least 20 percent of all children have vision problems and 3 percent have hearing problems. An estimated 40 percent of children ages 11-14 have one or more risk factors associated with heart disease and the average child aged 5-17 still experiences 4.8 decayed, missing, or filled tooth surfaces. Nearly 12 million children in the nation have gum disease.[18]

As a result of the availability of immunizations, vaccine-preventable diseases remain a problem for only a small group of children who do not have access to regular health care. Other communicable diseases such as hepatitis, herpes, and acquired immunodeficiency syndrome (AIDS) are on the rise. Through education and counseling, many of these diseases can be prevented and/or detected early for appropriate treatment and management.

Changes in the Cost of Health Care

Increased competition within the health care industry is resulting in decreased access to health care services for at least the estimated 30 percent of our nation's population which is not covered by any insurance plan. Diagnosis Related Group (DRG) criteria for payment for hospital costs means that illness care will now be delivered more frequently outside of the hospitals and this care will include the schools.

In a recent Robert Wood Johnson sponsored study, school nurse practitioners were able to correctly identify 87 percent of the health problems of the school-age populations they served and were instrumental in resolving 96 percent of these problems. These nurse practitioners were not duplicating services and provided primary health care at a fraction of the cost of traditional clinic or hospital emergency-room-based care. This same study included the use of multiple funding resources for school-based health services such as insurance, fee for service, and Title XIX.[19]

There is great need for a system of comprehensive health services which meets established standards throughout the entire growth and development period for children and youth. School-based health service is one option for the delivery of primary health services for the school-age population. Where these kinds of services are not possible or necessary, professionally qualified nurses should provide health education, counseling, and preventive services; work with parents to link children with other health services; and provide professional nursing supervision for children with chronic illnesses or handicapping conditions.[20]

MISSION OF SCHOOL HEALTH

Within the overall mission of elementary and secondary education in Wisconsin, the mission of school health is to enhance the individual abilities of children and youth to use their intellectual potential for learning in school. The mission also includes improving pupil abilities to make decisions that support their present and future physical, social, and emotional health by means of individual, group, and environmental interventions. School health has three critical elements: health education, health services, and a healthy and safe environment. The contribution of health services to this mission is to enhance the educational process by preventing, limiting, and removing health-related barriers to pupil learning and to promote decision making that leads to their optimal level of health.

OBJECTIVES AND FUNCTIONS OF SCHOOL NURSING

According to Virginia Henderson, nursing is a provision of services "to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery that he [or she] would perform unaided if he [or she] had the necessary strength, will or knowledge. And to do this in such a way as to help him [or her] gain independence as rapidly as possible."[21] Chapter 441.11, Wis. Stats., defines the practice of professional nursing as "the performance for compensation of any act in the observation or care of the ill, injured, or infirm or for the maintenance of health or prevention of illness of others, which act requires substantial nursing skill, knowledge or training, or application of nursing principles based on biological, physical, and social sciences, such as the observation and recording of symptoms and reactions, the execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist or dentist, the execution of general nursing procedures and techniques. Except as provided in s. 50.04(2)(b), (a nursing home regulation) the practice of professional nursing includes the supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants."

Section 7 115.01(11 m), Wis. Stats., defines the term "school nurse" as "a registered nurse certified under Ch. 441 who is also certified by the department as being qualified to perform professional nursing services in a public school." Department, in this reference, is the Wisconsin Department of Public Instruction.

Broadly stated, the functions of school nurses are the early identification and treatment of human responses to actual or potential health problems which may interfere with learning for children and youth and the supervision and direction of less skilled health assistants. Students benefit from the nurses' professional background, continued professional development, and knowledge of theory and research through such positive outcomes as fewer health-related absences and tardiness, fewer school dropouts, an increase in positive health behaviors, and provision of care for handicapped and chronically ill pupils.

OPTIONS FOR DELIVERY OF SCHOOL HEALTH SERVICES IN WISCONSIN: AN OVERVIEW

This overview provides a very general outline of the issues that need to be addressed in a plan to meet basic school health service needs and exemplary school health services. Models for the delivery of school health services will vary among school districts and will depend on the following criteria: the school district organizational structure, mission, philosophy, goals, and objectives; the health needs of the school-age population; and the availability and use of school and community health resources.

Current Department of Public Instruction school nurse certification requirements, although permissive, outline the minimum entry-level preparation needed for nurses serving Wisconsin schools. In the school organizational structure, the nurse is a part of the professional pupil services team. The management and evaluation of school health services must include the creative use of master's degree, experienced school nurses in leadership positions at the district, cooperative educational service agency, and state department health program planning levels. In order to retain well-prepared, qualified school nurses, their salaries and benefits need to be based on the same scale as other professional school staff who have comparable academic preparation and years of experience.

School health services are a part of the overall pupil services needed in programming for all children and youth. These services must take into consideration the diverse socio-economic groups and the equally diverse biophysical and psychosocial needs of the pupils in our public schools. This focus demands the application of many relevant theories to school nursing and school health services including growth and development, hierarchy of needs, systems, family and group dynamics, adaptation, learning, change, crisis, self-care, and public health.

Several federal, state, and local laws and regulations dictate public policy related to health services in the public schools. These regulations also reflect diverse theories of child development and public health policy based on the need to protect all citizens and promote general welfare.

Staffing ratios for nurse-to-pupil and nurse-to-nurse's aides are an important dimension in the provision for adequate school health services.[22] The American Nurses' Association (ANA) "Standards of School Nursing Practice" emphasizes the number of handicapped children in the general school population as an important criteria for determining school nurse-to-pupil ratios.[23] Other variables that will impact on health service staffing ratios include the size of the total school population; student health needs; proximity of attendance centers; and the number of other support services, clerical personnel, and nurse's aides.

Physical facilities are also an important part of school health services. This need includes a private area in each attendance center where students may be examined and counseled. Space and supplies need to be provided for emergency care, to maintain infection control, and to allow continued observation and care for students who become acutely ill during the school day.

As school districts and communities recognize that school health services are a major priority, financing the additional resources becomes an issue. Creative school health service financing includes using local education monies, sharing financial responsibility between schools and public health departments, using government and private grant monies, and combining public financed and fee-for-service models.

The committee has recommended that the Department of Public Instruction develop information on the variety of school health delivery models. Resources listed below and in Appendix K, page 47, are in-depth references suggested for the current study of the options for the delivery of school health services.

ANNOTATED RESOURCE LIST

American Academy of Pediatrics. School Health: A Guide for Health Professionals. Evanston, IL: 1981. A detailed review of basic school health services and support for health programming in the schools from the physician's point of view.

American School Health Association. A Healthy Child: The Key to the Basics--A Marketing Kit. Kent, OH: October 1983. An outline and sample resources for launching a school health advocacy program.

Harvard University, Division of Health Policy Research and Education. Healthy Children: A Program to Encourage the Development of Children's Health Services; A Casebook for Community Action. Boston, 1984. A casebook analysis of current successful community-based, cost effective programs that improve accessibility and health status for medically disadvantaged children.

Nader, Philip, ed. Options for School Health. Germantown, MD: Aspen Systems Corp., 1978. A practical manual on how to assure access to health care through a partnership between the worlds of education and health care.

National Association of School Nurses, Inc. Guidelines for a Model School Nurse Service Program. Washington, D.C., 1981. A comprehensive outline of the responsibilities, roles, and functions of school nurses.

The Robert Wood Johnson Foundation. Special Report: National School Health Services Program. Princeton, NJ: 1985. A report on a four-state demonstration showing that school nurse practitioners, supported by physicians, can diagnose and treat many health problems and improve the health of school children.

Wold, Susan. School Nursing: A Framework For Practice. St. Louis, MO: The C. V. Mosby Co., 1981. Currently out of print--a second edition in process--copies may be available in schools of nursing libraries. A scholarly, theory-based dissertation on the practice of school nursing.

OUTLINE OF SERVICES NEEDED TO MEET THE HEALTH NEEDS OF SCHOOL-AGE CHILDREN AND YOUTH

The following general outline of services needed to meet the health needs of school-age children and youth is an abbreviated version of the expanded, detailed list generated by the Ad Hoc School Nursing Study Committee:

I. Direct Services to Pupils and Staff

- A. Acute care
  1. Provide first aid
  2. Manage and provide care for pupils with acute and episodic illnesses
- B. Health maintenance
  1. Supervise and teach self care
  2. Supervise the administration of mediations and special diets
  3. Supervise and provide physical care procedures
  4. Provide immunizations
  5. Coordinate referral to community resources
  6. Identify and isolate students with communicable diseases
  7. Provide employee health services
  8. Coordinate and provide care for students with chronic illnesses

II. Health Counseling for Individuals and with Groups

- A. Promotion
  1. Provide child advocacy services
  2. Teach prenatal classes for child bearing pupils
  3. Provide family change counseling
  4. Provide mental health counseling
  5. Provide and clarify health information
  6. Provide family planning counseling
  7. Provide health risk counseling
  8. Provide parenting classes
  9. Teach nutrition classes
- B. Intervention
  1. Provide crisis intervention
  2. Provide and coordinate individualized plans of care
  3. Facilitate collaboration between pupils, parents, professionals, and community resources

III. Identification and Follow-up of Health Problems

- A. Assessments
  1. Organize, provide, and supervise screening programs for vision, hearing, height, weight, hypertension, scoliosis, dental, and nutrition
  2. Obtain health and developmental history of individual/family
  3. Perform physical assessments

4. Identify health problems that impact on learning
5. Identify pupils who are not receiving regular health care
6. Identify pupils with health problems who are not receiving appropriate treatment

B. Follow-up
1. Write health criteria for individualized educational programs
2. Refer to appropriate community resources
3. Provide health care needed to enable students to attend school and benefit from the learning experience
4. Refer for appropriate medical and health care

IV. Health Education

A. Personal health
B. Mental and emotional health
C. Prevention and control of disease
D. Nutrition
E. Substance use and abuse
F. Accident prevention and safety
G. Community health
H. Consumer health
I. Environmental health
J. Family life education

V. Program Management

A. Supervision
1. Establish program priorities
2. Set up referral systems

B. Policy and procedure development
1. Administration of medications
2. Access to records
3. Identification and referral of child abuse and neglect cases
4. Identification and referral of alcohol and drug abuse cases
5. Screening procedures
6. Health related absentee follow-up procedures
7. Emergency care procedures

C. Staff development

D. Resource management
1. Provide adequate physical facilities and supplies
2. Provide adequate support personnel

VI. Data Management

A. Record maintenance
1. Accident reports/insurance reports
2. Emergency care log

3. Individualized school health records
    a. Basic health status data base including immunizations
    b. Documentation of nurse diagnosis and treatment
    c. Health screening results and follow-up

B. Evaluation
    1. Provide summaries for program planning
    2. Assure follow-up of individual health problems

FOOTNOTES

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19. Catherine De Anglis, "Health Care for School-Aged Children in the Next Decade," address delivered to the invitational conference on "Health Care for School-Aged Children in the Next Decade," funded by the U.S. Dept. of Health and Human Services, Division of Maternal and Child Health, Apr. 1984.

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APPENDIX A

LETTER OF CHARGE

February 22, 1984

Dear :

Dr. Herbert Grover, State Superintendent of Schools, has directed me to formulate a study committee to present recommendations directed at the future mission, objectives, and functions of school nursing in Wisconsin schools and the relationship of school nursing certification to such recommendations. You have been recommended for membership on this study committee.

This proposed study is the result of our Department's concern for the future of nursing services in schools and the requests we have received from nursing groups, schools of nursing faculty members, and individual nurses for the study and upgrading of certification standards for school nurses.

As you are aware, school districts use a variety of resources to provide school nursing services including the employment of school nurses, use of city and county employed nurses, and private contracting for nursing services. This great diversity in how school nursing services are provided, the variance in the depth and breadth of services, and the present permissive standing of school nurse certification necessitates a broader study of school nursing in Wisconsin.

The focus of this study needs to be the state of the art in school nursing and its relationship to school health services, the range of options for service delivery, baseline criteria for provision of health services, as well as steps to exemplary service models.

The study needs the input from members of Wisconsin nursing, medical and education communities. Our current projected timeline suggests approximately one meeting per month for six to twelve months. Currently we have no funds to commit to this project.

Given this change and conditions, we would be pleased if you would accept this invitation to be on this DHC/PS Study Committee of School Nursing in Wisconsin.

Our first meeting will be held on Friday, March 2, 1984, at 9:30 a.m. at the Department of Public Instruction. The agenda and room number will be provided pending the receipt of your letter of acceptance. May we please have your response by Monday, February 27, 1984.

Sincerely,

DIVISION FOR HANDICAPPED CHILDREN
AND PUPIL SERVICES

Victor J. Contrucci

ADMINISTRATOR

Victor J. Contrucci
Assistant Superintendent

APPENDIX B

OVERVIEW OF COMMITTEE ACTIONS AND ACTIVITIES

Joy Calkin, an associate professor for the University of Wisconsin School of Nursing, and Mary Gulbrandsen, coordinator of health services for the Madison Metropolitan School District, were co-facilitators of this study committee.

The 14-member study committee included three nurses/faculty members from collegiate schools of nursing, four nurses hired by boards of education (three of whom were delegates from the School Nurses of Wisconsin organization), and two nurses from public health departments that provide school nursing services (including the official representative to the committee from the Wisconsin Council of Public Health Administrators). Four nurses represented the various federal and state agency support systems for school nursing and health services. One physician member represented the Wisconsin Medical Society Committee on School Health.

The full committee met seven times. Some of the highlights of the process used by the school nursing study committee included:

Meeting Dates	Meeting Highlights
April 6, 1984	o define the committee charge o review certification standards for pupil services personnel and statutory references to school nursing practice o generate documents: What Are the Critical Issues in School Health in Wisconsin? and 0-21 Health Services That Need To Be Provided to School Age Children in the School Setting
May 18, 1984	o review of school health delivery models o generate document: We Believe Statements: For The Health of the School Age Child As It Relates to His or Her Learning in Public Schools In Wisconsin
June 29, 1984	o develop school health mission statement o list core activities in health services o outline a model to define the role of nursing (special students services personnel) as separate from but part of the continuum between special services and educators o accept by official motion the American Nurses' Association Standards of School Nursing Practice as the basis for school nurse certification standards

Meeting Dates	Meeting Highlights
July 20, 1984	o reaffirm that DPI set the standards for professionals working in schools which must include school nurses o reaffirm that current department standards for school nursing are below the standard for all other school professionals o explore the process for upgrading certification standards o recommend content for the final committee report
Sept. 28, 1984	o review and critique draft of final committee report and letter of transmittal o list agencies and individuals who need to review the final report before submittal to Mr. Contrucci o assign special committee papers for further editorial review

Schedule of Final Editorial Review Process

Nov. 29, 1984	o review report by editorial subcommittee composed of M. Gulbrandson, M. Burgess, C. Loreck, L. Noll, E. Stoklos, and L. Taff
Dec. 17, 1984	o mail draft of document to committee members for review, critique and return suggestions and comments
Jan. 3, 1985	o submit draft to the DPI public information officer for review and critique
Feb. 22, 1985	o mail revised draft of "Range of Options" paper to committee members for critique, review, and approval (all members responded with approval)
April 1, 1985	o submit revised draft to William Erpenbach, director of the Bureau for Pupil Services, for review in preparation for submitting the report to Victor Contrucci, assistant superintendent and administrator of the Division for Handicapped Children and Pupil Services
June 12, 1985	o meet with Victor Contrucci to review the committee's report. Contrucci requested clarification of the recommendations 1, 2, 6, 7 and 9 and consideration of placement of #11 in the reference section.
July 8, 1985	o meet for further editorial review. Future meetings to depend on response to edited report by DPI administration.

APPENDIX C

SCHOOL HEALTH ISSUES IN WISCONSIN

The following outline is an abbreviated version of an extensive list of school health issues identified by the committee at its first meeting. The purpose of this committee action was to identify the broad spectrum of school health issues from the perspective of the varied background experiences of committee members. It was a part of the process for determining what ought to be in the school health service program and who ought to deliver the services.

A. In the Identification of Actual or Potential Health Problems the Issues Are:

1. How to inform community health providers, school leaders, teachers, and parents about what school health practices are and who should provide health services?
2. How to involve parents and students in school health program planning?
3. How to foster collaboration and avoid professional turf-guarding?
4. How to promote a school health program which includes equal support for school health services and a K-12 health education curriculum?
5. How to promote mandated school health service standards?
6. How to establish standards for school health records?
7. How to make health concerns for school-age children and youth a sanctioned public priority?
8. How to provide for responsible local control for school health programs?

B. In the Assessment of School Health Needs the Issues Are:

1. What are basic versus exemplary school health services?
2. Should services have a public health, pediatric, or a combination of focuses?
3. To what extent should schools provide health services to pupils/staff?
4. How to provide equitable health care services for all children in all public and private schools?
5. How to change or create state statutes which clarify and allow for expansion of health program options in the schools?
6. How to provide for a means to assess school health service programs and outcomes?

7. How and by whom should school health services be evaluated?

C. **In the Implementation of Health Service Goals and Objectives the Issues Are:**

1. Where can delivery of care for the school-age population be most effectively assured?

2. Who has primary responsibility for the health needs of school children?

3. What is the relationship of school health services to other health functions of the school?

4. Who should provide services? (e.g., parent, nurse, teachers, pediatrician)

5. Should the school be viewed as an organizational center for wellness?

6. Who should be responsible for supervising state school health services--Department of Public Instruction and/or the Department of Health and Human Services, Division of Health?

7. Who should be responsible for payment and/or reimbursement for services?

8. What should be the school nurse/pupil ratio?

9. Are available staff and service resources used appropriately?

10. What are adequate facilities, equipment, resources, and program support services?

11. What should be the role of physicians in schools?

12. How to foster collaboration between various health providers including home care agencies, family physicians, or other private medical care providers?

13. How to emphasize the importance of the health activities of school staff?

14. How to provide accountable school health services?

15. How to establish standards for safe health care in the school setting?

16. How to make up for the lack of state and federal health screening mandates for pupils with exceptional educational needs?

17. How to make up for the lack of mandates for the exceptional nursing care needs of many pupils who have exceptional educational needs?

D. In Defining the Role of the Professional School Nurse the Issues Are:

1. Who should have the administrative responsibility for nursing practice in school settings?

2. What should be the academic and experience preparation for nurses who practice school nursing?

3. Who should certify school nurses?

4. Who should provide preservice/inservice education for school nurses?

5. How should continuing professional education be provided for school nurses?

6. How can school nurses provide a sanctioned role as part of the professional pupil services team?

7. What are the school nurse malpractice liability issues?

8. How to establish the school setting as a clinical site for basic school nursing education?

APPENDIX D

QUESTIONS TO BE ADDRESSED BY THE SCHOOL NURSE CERTIFICATION ADVISORY COMMITTEE

1. What should be the education and experience background for the certified professional nurse practicing in the school setting?

   a. Practicum and/or internship?
   b. Supervised practice?

2. What will be the requirements for qualified public health nurses to obtain certification as school nurses?

3. Should a degree in nursing be required?

4. What should be the health teaching component for basic preparation for the role of school nurse?

5. Should teacher certification be a part of school nurse certification?

6. What are the levels of preparation related to role and function that need to be addressed?

7. What college program accreditation is needed to approve the school nurse program?

   a. National League for Nurses?
   b. National Council for Accrediting Teacher Education?
   c. Both?

8. What would be the impact of requiring mandatory school nurse certification without the requirement that school districts employ certified school nurses?

9. What would be the fiscal and program impact of requiring mandatory certified school nurse services for all Wisconsin public schools?

10. What waiver clauses need to be included to protect the status of currently employed uncertified or conditionally certified school nurses?

APPENDIX E

WE BELIEVE STATEMENTS

The members of the Ad Hoc School Nursing Committee believe the following:

- Positive health practices are learned through a planned process that includes a facilitator. Health is a fundamental basis of life for all individuals and is more than the absence of disease. Prevention and early intervention costs less and is more productive than crisis intervention.

- Each child regardless of race, color, sex, creed, ethnicity, socioeconomic status, or ability to benefit from the school experience has a right to:

  the attainment of optimal health.

  the attainment of optimal educational potential.

  advocacy to represent his or her needs.

- Every child should have access to a school health program provided by qualified health professionals who facilitate and contribute toward the attainment of the child's level of optimal health and education.

- A school health program should adequately meet health, illness, and emergency care needs of students during each school day and at school sponsored events.

- The learning potential of children may be affected by their health status.

- Wellness concepts should be included in all school health services.

- A school health program should include employee health services and wellness concepts.

- A school environment influences the state of health of those who interact with it. Therefore, schools as a community organization can:

  serve as information centers.

  act as referring agents to the health care system.

  provide community health education.

  provide support for parenting roles.

- Schools are a place to optimize an individual's well being.

- The dynamics of society are reflected in the health needs of children.

- An outcome of Wisconsin schools should be health as well as education.

- The health needs of the school-aged population require the cooperative activities of parents, school personnel, community health professionals, and related disciplines.

- All people in the school setting share the responsibility for care of students.

- Parents are ultimately responsible for the health of their children.

APPENDIX F

INDEX TO TITLES

B.S.	-	Bachelor of Science
B.S.N.	-	Bachelor of Science in Nursing
C.	-	Certification from the American Nurses Association
C.N.M.	-	Certified Nurse Midwife
C.P.H.N.	-	Certified Public Health Nurse
C.P.N.P.	-	Certified Pediatric Nurse Practitioner
M.A.	-	Master of Arts
M.D.	-	Doctor of Medicine
M.Ed.	-	Master in Education
M.S.N.	-	Master of Science in Nursing
Ph.D.	-	Doctor of Philosophy
P.N.P.	-	Pediatric Nurse Practitioner
R.N.	-	Registered Nurse (a nurse licensed by the state to practice professional nursing)
S.N.P.	-	School Nurse Practitioner

APPENDIX G

STATUTORY REFERENCES WHICH RELATE SPECIFICALLY TO THE PRACTICE OF SCHOOL NURSING

Chapter 115.01 Classifications and definitions (11m) School Nurse

"School nurse" means a registered nurse certified under Ch. 441 who is also certified by the department as being qualified to perform professional nursing services in a public school.

Chapter 115.28 General duties. The state superintendent shall: (7m) Certification of School Nurses. Certify school nurses, make rules for the examination and certification of school nurses and file in the superintendent's office all papers relating to school nurses certification and register each such certification.

Chapter 120.13 School board powers. (11) Nurses and dentists. (a) In counties having a population of less than 500,000, employ public health nurses and licensed dentists, who shall be under the supervision of the local and state boards of health, registered nurses and school nurses. (b) In counties having a population of 500,000 or more, employ qualified public health nurses, school nurses, registered nurses and licensed dentists who shall cooperate with the local and state boards of health.

Chapter 121.02 School district standards. (1) Each school board shall:

(a) Ensure that every teacher, supervisor, administrator and professional staff member holds a certificate, license or permit to teach issued by the department before entering on duties for such position.
(e) Provide guidance and counseling services.
(g) Provide for emergency nursing services.
(i) Provide safe and healthful facilities.
(j) Ensure that instruction in elementary and high schools in health, physical education, art and music is provided by qualified teachers.

"Clarification of Administrative Rules Relating to Wisconsin Statutes* 121.02(1)(g) Provide for emergency nursing services.

The administrative rule or the criteria of this particular standard is as follows:

(g) Emergency nursing services shall be provided under the direction of a nurse(s) registered in Wisconsin. Arrangements shall be made with a physician to serve as medical advisor for the emergency nursing service. Written policies for emergency nursing services shall be established. These policies shall include procedures for dealing with accidental injury, illness and medication at all school sponsored activities. An annual review shall be made of the emergency nursing services.

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* Wisconsin Department of Public Instruction School District Standards: Clarification of Administrative Rules Relating to Wisconsin Statutes 121.02(1)(a-j), Madison: 1983.

Emergency nursing services shall be available during the regular school day including curricular and co-curricular activities of pupils. Equipment and supplies for the emergency nursing services shall be readily accessible.

'Emergency nursing service shall be provided under the direction of a nurse(s) registered in Wisconsin.'

The objective of emergency nursing services is the maintenance of the physical, mental, and emotional health of pupils while they are at school or are participating in school activities.

Emergencies are those conditions which require prompt intervening action to maintain physical, mental, and emotional health of pupils.

Emergency nursing service means nursing assessment and may include intervening action by the registered nurse, or designated others under her direction, of conditions which require prompt or immediate action.

The emergency nursing service shall be provided by a nurse(s) currently registered in Wisconsin who is knowledgeable and skilled in emergency nursing care. The school board may employ a nurse(s) or may make a written agreement with a public health agency for services.

'Arrangements shall be made with a physician to serve as medical advisor for the emergency nursing service.'

Medical direction can be provided for the emergency nursing service through one of the following:

a) a designated local physician
b) a designated representative of the county or area medical society
c) a medical clinic with physicians on call.

The medical advisor reviews the procedures for emergency nursing service and advises the district regarding health services.

'Written policies for emergency nursing services shall be established. These policies shall include procedures for dealing with accidental injury, illness and medication at all school sponsored activities.'

Written policies developed by or under the direction of a nurse(s), approved by the medical advisory and adopted by the school board include:

a) the procedures to be followed in case of accidental injury and illness
b) the designation of individuals responsible in each attendance center and for all school functions to carry out the emergency nursing procedures
c) the procedure for handling of medication
d) a plan for parental approval for emergency medical care
e) a record system including accident investigation reports and log of services performed.

'An annual review shall be made of the emergency nursing services.'

The review should be conducted by or under the direction of the school board to assure that the procedure is adequate to cover all emergencies; that a person(s) is(are) designated in each building and at all school functions to carry out the procedure; and there is adequate equipment and supplies readily accessible.

It is recommended that the review should also include the statistical report and recommendations of a nurse or nursing agency and the medical advisor and recommendation(s) from a group such as one of the following which includes parents, teachers, and students:

(1) advisory council
(2) an ad hoc committee appointed by the school board
(3) a school health council
(4) a service organization.

'Emergency nursing services shall be available during the regular school day including curricular and co-curricular activities of pupils.'

A person responsible for carrying out the emergency nursing procedures must be designated at all functions conducted by the school district and attended by students.

'Equipment and supplies for the emergency nursing services shall be readily accessible.'

Equipment and supplies adequate for the emergency nursing service shall be in a readily accessible, designated area, preferably a health services room in each attendance center; with first aid kits in other designated areas."

Chapter 441.11 Definitions. (4) PRACTICE OF PROFESSIONAL NURSING. The practice of professional nursing within the terms of this chapter means the performance for compensation of any act in the observation or care of the ill, injured or infirm, or for the maintenance of health or prevention of illness of others, which act requires substantial nursing skill, knowledge or training, or application of nursing principles based on biological, physical and social sciences, such as the observation and recording of symptoms and reactions, the execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist or dentist and the execution of general nursing procedures and techniques. Except as provided in s. 50.04(2)(b), the practice of professional nursing includes the supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants.

This section on statutory references was compiled by L. Taff, R.N., Bureau for Pupil Services, Division for Handicapped Children and Pupil Services, Wisconsin Department of Public Instruction, P.O. Box 7841, Madison, WI 53707, Herbert J. Grover, State Superintendent.

APPENDIX H

SCHOOL NURSE CERTIFICATION REQUIREMENTS IN WISCONSIN

PI 3.22(3) of the Wisconsin Administrative Code addresses the requirements for DPI school nurse certification. The code states that no nurse graduating from a three-year diploma school of nursing after June 30, 1975, shall be eligible for certification as a school nurse without the additional preparation outlined in A, 1-3 below or its equivalent.

School nurse certification in Wisconsin is a permissive DPI licensure and is granted on the basis of completion of an approved school nurse program or its equivalent as approved by the state superintendent of public instruction and outlined below.

A. School nurse certification standards require candidates to:

1. hold current Wisconsin licensure to practice as a registered professional nurse per Chapter 441, Wis. Stats., and Section N 2.04 of the Wisconsin Administrative Code, and

2. meet the requirements for the baccalaureate degree in nursing.

3. meet professional education requirements, including 18 semester credits as follows:

   a. school nursing practicum including 6 semester credits of experience in a school setting. (Three years of experience in school nursing within the past five years may be accepted in lieu of these credits.)

   b. human growth and development throughout the life span (3 semester credits).

   c. nine elective semester credits distributed among at least three of the following areas:

      Sociology
      - Social Psychology
      - Child Welfare
      - Sociology of Education

      Philosophy
      - Philosophy of Education
      - Philosophical Issues in Education
      - Philosophical Conceptions of Teaching and Learning
      - Philosophy of Health Education

Psychology

Human Abilities and Learning
Educational Psychology
Psychology of Learning
Psychology of the Exceptional Child
Learning Processes in Children

Special Education

Health Problems of the Exceptional Child
Psychological Appraisal of the Physically Handicapped
Speech Correction
Guidance of Exceptional Children

General Education

Individualized Instruction
General Curriculum
Problems and Materials in Health Education
Principles of Health Education
Guidance and Counseling

B. Academic Specialization with an emphasis on pediatrics in ambulatory and community settings within the academic program is recommended.

Bureau for Pupil Services
Division for Handicapped Children and Pupil Serivces
January 1985

APPENDIX I

DIRECT OR PARAPHRASE* TITLES FOR STATUTES OF WISCONSIN RELATED TO SCHOOL HEALTH SERVICES

Chapter Reference	
48.00	Children's Code.
48.981	Abused or neglected children.
115.01(11m)	School Nurse. (definition)
115.28(7m)	Certification of School Nurses.
115.35	Health problems education program.
115.36	Assistance for alcohol and other drug abuse problems.
115.78(6)	Standards for the screening, identification and educational program for children with exceptional educational needs.
115.80	Identification of children with exceptional educational needs.
115.91-115.93	Education for School Age Mothers.
118.15(1) & (2)	Compulsory school attendance.
118.15(3)	(Exclusions to 118.15(1) & (2).)
118.17	Indigent children.
118.125	Pupil records.
118.24(2)(f)	(Establish procedures for referral of students with problems related to alcohol and other drugs.)
118.25	Health examinations. (requirements for public school employees)
118.255	Health treatment services for children with special physical or mental health treatment needs.
118.29	Administration of drugs to pupils and emergency care.
120.13(1)	School Government Rules; Suspension; Expulsion.
120.13(11)(a) & (b)	Nurses and Dentists. (Regulations for employment in schools by county population.)

*Paraphrase titles are in parenthesis.

121.02	School district standards. (a) (professional school staff shall be certified or licensed by the department) (e) (guidance and counseling services shall be made available) (g) Provision shall be made for emergency nursing services. (i) It shall make adequate provision for safe and healthful facilities. (j) Provision shall be made for instruction in elementary and high schools by qualified teachers in health, physical education. . .
140.05(16)	(School entrance immunization requirements.)
141.045	Public Health Nurses.
143	Communicable Diseases.
143.16	Physical exams for teachers. (for private and parochial schools)
143.17	Health examinations. (for vocational technical schools and the university system)
441	Board of Nursing. (nurse practice act)
448	Medical Practices. (medical practice act)
895.48	Civil liability exception; emergency care. ("Good Samaritan" law)

Wisconsin Administrative Code

Chapter Reference	
NIO	Standards for Practice for Registered Nurses and Licensed Trained Practical Nurses.
HSS 139	Qualification of Public Health Professionals Employed by Local Public Health Agencies.
HSS 145	Control of Communicable Diseases.
PI 11	Rules Implementing Subchapter V of Chapter 115, Children with Exceptional Educational Needs.
PI 3.22(3)	School Nurse Certification.

This material was compiled by L. Taff, R.N., Bureau for Pupil Services, Division for Handicapped Children and Pupil Services, Wisconsin Department of Public Instruction, P.O. Box 7841, Madison, WI 53707, Herbert J. Grover, State Superintendent.

APPENDIX J

FEDERAL REGULATIONS WHICH RELATE TO SCHOOL HEALTH SERVICES

Public Law 94-142 Education for All Handicapped Act of 1975, Regulations Education 34 Code of Federal Regulations 300.

300.13 Related services (definitions)(10) "School health services" means services provided by a qualified school nurse or other qualified person.

300.346 Content of individualized education program. The individualized education program for each child must include:

(a) A statement of the child's present levels of educational performance;

(b) A statement of annual goals, including short term instructional objectives;

(c) A statement of the specific education and related services to be provided to the child and the extent to which the child will be able to participate in regular educational programs;

(d) The projected dates for initiation of services and the anticipated duration of the services; and

(e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

300.532 Evaluation procedures. State and local educational agencies shall insure, at a minimum, that:

(a) Tests and other evaluation materials:

(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) Have been validated for the specific purpose for which they are used; and

(3) Are administered by trained personnel in conformance with the instructions provided by their producer;

(b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;

(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure);

(d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and

(e) The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

(f) The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

300.380 Scope of System

Each annual program plan must include a description of programs and procedures for the development and implementation of a comprehensive system of personnel development which includes:

(a) The inservice training of general and special educational instructional, related services, and support personnel;

(b) Procedures to insure that all personnel necessary to carry out the purposes of the Act are qualified (as defined is s.300.12 of Subpart A) and that activities sufficient to carry out this personnel development plan are scheduled; and

(c) Effective procedures for acquiring and disseminating to teachers and administrators of programs for handicapped children significant information derived from educational research, demonstration, and similar projects, and for adopting, where appropriate promising education practices and materials developed through those projects.

APPENDIX K

REFERENCE LIST
AD HOC SCHOOL NURSING STUDY COMMITTEE
1984

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